

**RECEIVED
CENTRAL FAX CENTER****AUG 09 2007****FAX TRANSMISSION****DATE:** 8/9/07**PTO IDENTIFIER:** Application Number 10/674,890-Conf. #1973
Patent Number**Inventor:** Vincet KALUCHA et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

PHONE: (212) 230-8800**Attorney Dkt. #:** 0112097.00133US1**PAGES (Including Cover Sheet):** 30**CONTENTS:**

Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
Amendment (21 pages)
Information Disclosure Statement and PTO form SB-08 (3 pages)
Applicant Initiated Interview Request Form (1 page)
Fax cover sheet and Certificate of Facsimile Transmission (2 pages)
Charge \$690.00 to deposit account 08-0219

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 230-8800 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

WILMER CUTLER PICKERING HALE AND DORR LLP
399 Park Avenue, New York, New York 10022
Telephone: (212) 230-8800 **Facsimile:** (212) 230-8888

**RECEIVED
CENTRAL FAX CENTER****AUG 09 2007**

PTO/SU/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0037

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person may be required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/674,890

Attorney Docket No.: 0112097.00133US1

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on

8/9/07

Date

Signature

Irah H. Donner

Typed or printed name of person signing Certificate

35,120

Registration Number, if applicable

(212) 230-8800

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

Amendment (21 pages)

Information Disclosure Statement and PTO form SB-08 (3 pages)

Applicant Initiated Interview Request Form (1 page)

Fax cover sheet and Certificate of Facsimile Transmission (2 pages)

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

AUG 09 2007

PTO/SF/021 (09 06)

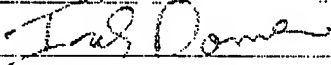
Approved for use through 03/31/2007. OMB 0651-0031

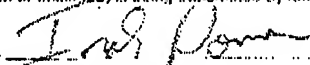
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(To be used for all correspondence after initial filing)</small>	Application Number	10/674,890-Conf. #1973	
	Filing Date	October 1, 2003	
	First Named Inventor	Vineet KALUCHA	
	Art Unit	2167	
	Examiner Name	C. R. Lewis	
Total Number of Pages in This Submission	30	Attorney Docket Number	0112097.00133US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Applicant Initiated Interview Request Form Information Disclosure Statement Fax cover sheet and Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ira H. Donner		
Date	8/9/07	Reg. No.	35,120

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: 8/9/07	Signature:  (Ira H. Donner)

5939615

RECEIVED
CENTRAL FAX CENTER

AUG 09 2007

PTO/SW/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/G74,890-Cont. #1973 Filing Date October 1, 2003 First Named Inventor Vincel KALUCHA Examiner Name C. R. Lewis Art Unit 2167 Attorney Docket No. 0112097.00133US1	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	690.00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Name	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
		Fee Paid (\$)
IP = highest number of independent claims paid for, if greater than 3		

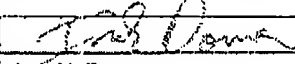
3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	50	(round up to a whole number) x	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Extension for response within third month	510.00
Information Disclosure Statement	180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	35,120
Name (Print/Type)	Irah H. Donner	Telephone	(212) 230-8800
		Date	8/9/07

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, Inesimik no. (571) 273-8300, on the date shown below.	
Dated: 8/9/07	Signature:  (Irah H. Donner)

08/09/07

RECEIVED
CENTRAL FAX CENTER

AUG 09 2007

PTOL-413A (03-06)
Approved for use through 03/31/2007. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 10/674,890-Conf. #1973 First Named Applicant: Vineet KALUCHA
Examiner: C. R. Lewis Art Unit: 2167 Status of Application: Pending

Tentative Participants:

(1) Irah Donner (2) Rajesh Nair
(3) _____ (4) _____

Proposed Date of Interview: TBD Proposed Time: TBD (AM/PM)

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☒ YES ☐ NO

If yes, provide brief description: Video of operation of invention

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1-3, 5-21, 23, 24, 26, 27</u>	<u>Smith</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Differentiation of present invention over the prior art

An interview was conducted on the above-identified application on _____

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Irah H. Donner
Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Irah H. Donner
Typed/Printed Name of Applicant or Representative

35,120
Registration Number, if applicable